

CLAIMS ONLY							Application Number 10/518886		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
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32							92					
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36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
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44												
45												
46												
47												
48												
49												
50												
Total Indep	3						Total Indep					
Total Depend	43						Total Depend					
Total Claims	46						Total Claims					